4961 # MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04963

Item 14, Film G182, 5/27/55 fcy

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) California
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) California.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Graham (Last) Adcock

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 29 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 6 Days 21. IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry
10B. KIND OF BUSINESS OR INDUSTRY: Laundry.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Adcock.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577018489
17. INFORMANT & ADDRESS: ERNest Adcock Jr. 645 Connely Ave. San Diego, Cal.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 450.0

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Heart Failure	1 week
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Generalized Arteriosclerosis	5 years.
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to May 20, 1955 that I last saw the deceased alive on May 20, 1955, and that death occurred at 3:12 AM, from the causes and on the date stated above.
SIGNATURE Wm. H. Patrick M.D. ADDRESS Lexington Park Md. DATE SIGNED May 20, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/22/55
NAME OF CEMETERY OR CREMATORY: Forest Lawn - Norfolk.
LOCATION (City, town, or county) (State): Virginia

DATE REC'D BY LOCAL REGISTRAR: 5/21/55
REGISTRAR'S SIGNATURE: Alan D. Hauser L.R.
24. FUNERAL DIRECTOR: Jos. C. Mattingely ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

4962

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04964

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) LEXINGTON PARK
LENGTH OF STAY (in this place) 4 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN LEXINGTON PARK
STREET ADDRESS (If rural, give location) 27 Lei Drive

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) MARSHALL (Last) BETTS

4. DATE OF DEATH (Month) MAY (Day) 8, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 10, 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: U.S.NAVY

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WILLIAM BETTS

14. MOTHER'S MAIDEN NAME: ALMA HUNT PORTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 238-01-3838

17. INFORMANT & ADDRESS: BERNICE BETTS 27 Lei Drive LexingtonPPK.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary occlusion — 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-Sclerosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 5/11/55
NAME OF CEMETERY OR CREMATORY OPEN
LOCATION (City, town, or county) (State) RALEIGH, NORTH CAROLI

DATE REC'D BY LOCAL REG. 5/9/55
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR JOS.C.MATTINGLEY
ADDRESS LEONARDTOWN, MD.

VS. A15A - 5 - 53

4963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04965

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hermanville
LENGTH OF STAY (in this place) 50yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hermanville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henery (Last) Chase

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12/11/1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm

10B. KIND OF BUSINESS OR INDUSTRY: Day Labor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Chase

14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. --- ---

17. INFORMANT & ADDRESS: Mrs Henery Chase Hermanville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension — 5 years

DUE TO (C) Generalized Arteriosclerosis — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949 to May 29, 1955 that I last saw the deceased alive on May 27, 1955, and that death occurred at 806 M, from the causes and on the date stated above.

SIGNATURE Jos C Patmen M. D. ADDRESS Lexington Park Md. DATE SIGNED 5-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/1/55 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) (State) Great Mills Maryland

DATE REC'D BY LOCAL REGISTRAR 5/31/55 — REGISTRAR'S SIGNATURE Glenn L. Hawes

24. FUNERAL DIRECTOR Jos. C. Mattingley — ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

4964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04966

CERTIFICATE OF DEATH

Reg. Dist. No. 28 V

1. PLACE OF DEATH: COUNTY St Marys MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bush Wood; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bush Wood; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Walter (Last) Lacey

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec 24 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 4 Days 15 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James W. Lacey

14. MOTHER'S MAIDEN NAME: Eddie Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs Mamie M Lacey Bush Wood Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio-vascular disease — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954 to May, 1955, that I last saw the deceased alive on 5 May, 1955 and that death occurred at 1930 M, from the causes and on the date stated above.

SIGNATURE AND M. D. Joseph E. Bell — ADDRESS Leonardtown, Md — DATE SIGNED 5/10/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 11-55 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Bush Wood Md

DATE REC'D BY LOCAL REGISTRAR 5/10/55 — REGISTRAR'S SIGNATURE Alan D. Houser

24. FUNERAL DIRECTOR Joe C. Mattingley — ADDRESS Leonardtown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Items 1,7,8,9,10a,b,11,13,14 Information given by Funeral Director 5/20/55 #1967

4965 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 235

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Md.~~ COUNTY ~~St. Mary's~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C. 47x-3
STREET ADDRESS (If rural, give location) ~~Route 235~~

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) LANCASTER

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	11-27-1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Truck Driver	Charles County, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John E. Lancaster	Sarah E. Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Georgianna Boone -sister

18. MEDICAL CERTIFICATION 815 F St. S.W.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 3533 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epilepsy
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Lancaster M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 5/17/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/55	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-20-55	A W Holmes	John E. Robinson #75	1313-28 St. N.W. Wash. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04968

4966

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
MARYLAND LENGTH OF STAY (in this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital St Mary's

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Benedict (Middle) Booth (Last) Love Jr.

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: August 22, 1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months 8 Days 22 IF UNDER 24 HRS: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleman

10B. KIND OF BUSINESS OR INDUSTRY: Bottle Gas

11 BIRTHPLACE (State or foreign country): Maryland

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Benedict B. Love Sr.

14. MOTHER'S MAIDEN NAME: May Graves

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates) WORLD WAR I

16. SOCIAL SECURITY NO 213-10-9793

17. INFORMANT & ADDRESS: Katherine M. Love Leonardtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Jaundice

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/2, 19 55, to 5/14, 19 55, that I last saw the deceased alive on 5/13, 19 55, and that death occurred at 6:00 A.M. from the causes and on the date stated above.

SIGNATURE M. D ADDRESS Leonardtown, Md. DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/16/55 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) (State) Leonardtown, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/15/55 — REGISTRAR'S SIGNATURE Leander A. Jones

24. FUNERAL DIRECTOR Jos. C. Mattingley — ADDRESS Leonardtown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4967 **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 04069 2982

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mechanicsville; LENGTH OF STAY (in this place) 45 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville X; STREET ADDRESS (If rural give location) RFD 1
3. NAME OF DECEASED: (Type or Print) (First) August (Middle) (Last) Stasch	4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Jan 6 - 1880	75 yrs	3	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Berlin Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No		August Henry Stasch Mech - Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
151X IMMEDIATE CAUSE	(A) Carcinoma of Stomach	1 year?
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 Nov 54	Advanced carcinoma of stomach	YES ☐ NO ☒

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e INJURY OCCURRED While at work ☐ Not while at work ☐	21f HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .... , 19.... , to .... , 19 ... , that I last saw the deceased alive on .... , 19 .. , and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE J Roy Guyther M.D. ADDRESS Mechanicsville, Md. DATE SIGNED 5/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 3 1955	St Joseph's [?]	New Market St Marys Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/55	Alan D. Hauser	Jos. C. Mattingly	Leonardtown Md

4968 04940

22&8 Items 18 Film G102 6-9-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Lei Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Lexington Park
STREET ADDRESS (If rural, give location) 18 Lei Drive

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Russell (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year) 5-25 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-7-1907
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pump Operator
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver P. Stewart
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Deborah Stewart, Lex. Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 322.0

Immediate cause (a) Respiratory depression
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) acute alcoholism while under morphone sedation
DUE TO
(c)

.002

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Fisher M.D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF 5-27-55
NAME OF CEMETERY OR CREMATORY Wm. Lee's Crematory
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5-26-55
REGISTRAR'S SIGNATURE A.J. Beany, M.D.
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1MA-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4969

CERTIFICATE OF DEATH

Reg. Dist. No. 04971

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lillian (Last) Swales

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: May-15-1918 | 9. AGE last birthday 36 yrs. | IF UNDER 1 YEAR: Months 11 Days 16 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Maid | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country) Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Henry Swales | 14. MOTHER'S MAIDEN NAME: Emma Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-32-5893 | 17. INFORMANT & ADDRESS Mrs Catherine Brownan Leonardtown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

445X IMMEDIATE CAUSE — (A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S) — DUE TO (B) Malignant Hypertension — 17 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None | 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ None | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1955, to 5/1, 1955, that I last saw the deceased alive on 4/20, 1955, and that death occurred at 6.20 A M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. — ADDRESS Leonardtown Md — DATE SIGNED 5/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5-4-55 | NAME OF CEMETERY OR CREMATORY Ours Lady's | LOCATION (City, town, or county) (State) Medley's Neck Md

DATE REC'D BY LOCAL REGISTRAR 5/4/55 | REGISTRAR'S SIGNATURE Alan D Bauer | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.